

FILED EFFECTIVE



ARTICLES OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

02 DEC 10 PM 3:12

STATE OF IDAHO

- The name of the limited liability company is: WAPPOINT SOLUTIONS, LLC
- The street address of the initial registered office is: 612 E. CURLINE DRIVE
BOISE, ID 83702 and the name of the initial registered agent at the above address is: RANDY M. KYRIAS
- The mailing address for future correspondence: 612 E. CURLINE DR.
BOISE, ID 83702
- Management of the limited liability company will be vested in:

 Manager(s) ☐ or Member(s) ☒ . (please check the appropriate box)

- If management is to be vested in one or more manager(s), list the name(s) and address(es) of at least one initial manager. If management is to be vested in the members, list the name(s) and address(es) of at least one initial member.

Name

Address

<u>RANDY M. KYRIAS</u>	<u>612 E. CURLINE, BOISE, ID 83702</u>
_____	_____
_____	_____
_____	_____
_____	_____

- Signature of at least one person responsible for forming the limited liability company:

Signature

Typed Name

Capacity

Signature

Typed Name

Capacity

Secretary of State use only

 IDAHO SECRETARY OF STATE
 12/10/2002 03:00
 CK: 1001 CT: 165623 BH: 550585
 1 @ 100.00 = 100.00 ORGAN LLC # 2
 1 @ 20.00 = 20.00 CORP SUR # 3

 g:\corpforms\LLC form\articlesoforganization.pdf
 Revised 01/2001

W 21729